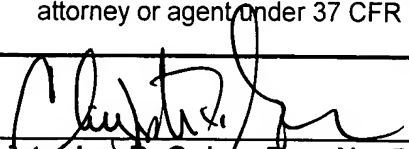


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations act, 2005 (H.R. 4818).)		Docket No. 60714-1010	
Application Number: 10/705,267		Filed: 11/10/03	
For: Systems and Methods for Guiding Personnel to a Location			
Art Unit: 2636		Examiner: Anne Viet Nga Lai	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fees</u>	<u>Small Entity Fees</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any deficiencies in fees which any be required, or credit any overpayment to Deposit Account No. 20-0778. A duplicate copy is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the			
<input type="checkbox"/>	applicant/inventor.	10/12/2005 HTECKLU1 00000028 200778 10705267	
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.	01 FC:2253 510.00 DA	
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>54,142</u>		
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 Christopher D. Guinn, Reg. No. 54,142 2		10/6/05 Date	
		770-933-9500 Telephone Number	
<input type="checkbox"/> Total of _____ forms are submitted.			

The collection of information is required by CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, US Patent and Trademark Office, US Department of Commerce, PO Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES RO COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450 Alexandria, VA 22313-1450.

AMENDMENT TRANSMITTAL LETTER (SMALL)Applicant(s): **Anthony George**

Docket No.

60714-1010Serial No.
10/705,267Filing Date
11/10/03Examiner
Anne Viet Nga LaiConfirmation No.
7038Group Art Unit
2636Invention: **Systems and Methods for Guiding Personnel to a Location****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

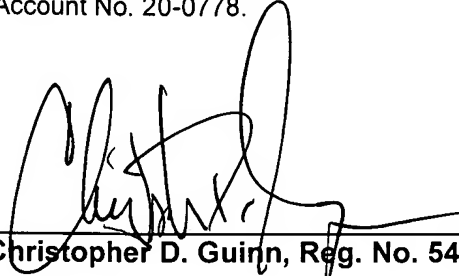
Transmitted herewith is a Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0	X \$25.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0	X \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input checked="" type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$510.00
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$510.00

- ☐ No additional fee is required.
- ☒ Please charge Deposit Account No. 20-0778 in the amount of 510.00. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Christopher D. Guinn, Reg. No. 54,14210/6/05
Date